

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09872765	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/	/					51	/
2	/						52	/
3	/						53	/
4	/						54	/
5	/						55	
6	/						56	
7	/						57	
8	/						58	
9	/						59	
10	/						60	
11	/						61	
12	/						62	
13	/						63	
14	/						64	
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35	/						85	
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37	/						87	
38	/						88	
39	/						89	
40	/						90	
41	/						91	
42	/						92	
43	/						93	
44	/						94	
45	/						95	
46	/						96	
47	/						97	
48	/						98	
49	/						99	
50	/						100	
TOTAL IND.							TOTAL IND.	6
TOTAL DEP.							TOTAL DEP.	48
TOTAL CLAIMS							TOTAL CLAIMS	54

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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